AGING AND FAMILY THERAPY:
PREVALENCE OF AGING ISSUES AND LATER
FAMILY LIFE CONCERNS IN MARITAL AND
FAMILY THERAPY LITERATURE (1986-1993)

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To what extent are gerontological issues addressed in the marital and family literature? In answering this question, the authors conducted a content analysis of 873 articles published in the Journal of Marital and Family Therapy, Family Process, Family Systems Medicine, and the Journal of Family Psychology during an 8-year period beginning in 1986. Only 3.2% (n = 28) of these articles contained explicit emphasis on aging issues and later life family concerns. Furthermore, there was no significant trend in the number of gerontologically focused articles published during this period. The paper describes the content of the 28 aging-focused articles, including the types of presenting problems mentioned, the relational contexts of these problems, and the types of family therapy theories represented. Included in the content analysis were the proceedings of the annual national conferences of the American Association of Marital and Family Therapy from 1986 to 1993. Only 2.3% (n = 37) of the regular conference sessions had an explicit aging focus, as did 1 of the 29 plenary sessions and 1 of the 40 Master Series® sessions. Used as a gauge of gerontological interest and awareness of late life issues, the implication of these findings is that the family therapy community is still engaged in “coming of age.”

A significant increase in average life expectancy since the turn of the century has created a situation wherein families are faced with the challenge of balancing the needs of

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three, four, and sometimes even five generations. This trend is framed by the fact that contrary to popular belief and stereotype—families provide the majority of direct caregiving assistance, psychological support, and social interaction for elderly loved ones (Barber, 1993; Brody, 1983).

The foregoing is not intended to imply that increased contact with and support of older generations is devoid of stress, conflict, and discord. Multigenerational family relations encompass a variety of situations that are potentially stressful and may require clinical intervention. Among these situations are providing long-term care to a spouse suffering from Alzheimer's disease (Barber, Fisher, & Pasley, 1990; Zarit & Zarit, 1982), caring for aged parents living at a distance (Barber, 1988), mourning the death of a parent (Williams, 1989), obtaining legal access to grandchildren in the wake of divorce (Kivnick, 1982), managing depression in marriage (McQuillon & Reifler, 1989), dealing with alcohol abuse (Rathbone-McQuan & Hedlund, 1989), and coping with suicide (Osgood, 1989; Templer & Cappelletty, 1986).

Several years ago, Flori (1989) published the results of a content analysis of the marital and family therapy literature for a 10-year period, ending in 1985. Her objective was to discern the prevalence of attention paid to problems associated with aging in a family context. The general hypothesis was that the increased number of older adults and multigenerational families would be reflected by increased attention to later family life issues. The results of her analysis indicated that later family life issues had received limited attention.

Purpose

The purpose of this study was to conduct a content analysis (Krippendorff, 1980; Weber, 1990) of marital and family therapy literature for the 8-year period following the conclusion of Flori's study (i.e., 1986 through 1993). We felt there was evidence that the family therapy community had become more aware of aging family issues since the completion of Flori's study. In 1989, for example, Hughston, Christopherson, and Bonjean edited a landmark book addressing gerontological issues from the perspective of family therapy (Aging and Family Therapy). And in 1992, the master series at the annual meeting of the American Association for Marriage and Family Therapy focused on aging.

Given the apparent increase in visibility of gerontological issues in family therapy as evidenced by Hughston et al. (1989), our intent in this study was to discern whether there was a corresponding increase in the frequency with which gerontological issues were addressed in the marital and family therapy literature.

Like Flori (1989), our content analysis included two leading journals in marital and family therapy (Family Process and the Journal of Marital and Family Therapy). Unlike Flori, however, we also included two additional journals, Family Systems Medicine (because of its focus on families and health) and the Journal of Family Psychology (because of its scholarly/research focus).

Our analysis of journal articles was augmented by 8 years of proceedings from the annual national conference of the American Association for Marriage and Family Therapy. Our assumption was that the conference proceedings also represent a process of communication which carries information reflecting the current concerns of professionals in the field of marriage and family therapy.

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Rationale

Some might argue that the issues and concerns of aging and later family life are not unique or distinctive and hence do not warrant explicit acknowledgment in the literature. Our reasons for disagreement are couched in the form of three key assumptions undergirding the rationale for our study. First, effective systemic intervention involving several generations within the family must be informed by a knowledge of biological, psychological, interpersonal, and cultural aspects of the aging process. Developmental paradigms for understanding change in later life are qualitatively different from those pertaining to infancy, childhood, adolescence, and even young adulthood. The attributes of wisdom and integrative understanding, for example, are not mentioned with regard to early development. Second, the activities of theory building, research, and clinical intervention are viewed differently when framed within the context of later life. Just as the feminist critique has illustrated the limitations of traditional systems and family therapy theories in their exclusion of meanings and values of women and minority groups (Doherty & Baptiste, 1993; Hare-Mustin, 1978), so, too, do we point out that current theory, research, and practice in family therapy are biased to the extent that they fail to include values and meanings that are salient to older age groups and generations. Finally, therapists have an ethical responsibility carefully to monitor the impact of intervention on those generations not immediately present in therapy. Interventions must be respectful of the developmental needs of all generations represented in the family system.

METHODOLOGY

Population

The population of interest consisted of 873 articles published in Journal of Marital and Family Therapy (n = 237), Family Process (n = 255), Family Systems Medicine (n = 228), and Journal of Family Psychology (n = 228) over an 8-year period beginning in 1986 (the inaugural issue of Journal of Family Psychology was in 1987).

Whereas Flori (1989) extracted a 50% sample of journal issues, we analyzed all articles published during the time period indicated. Additionally, we analyzed the proceedings of the annual national conferences of the American Association of Marital and Family Therapy for the same 8-year period. Conference proceedings yielded a total of 1,598 regular sessions, 29 plenary sessions, and 40 Master Series® sessions.

With the exception of the Journal of Family Psychology, all journals were published quarterly during the period under investigation (1986-1993). The national conferences of AAMFT were convened annually. Editorial, book reviews, brief reports, commentaries, author’s replies to comments, and letters to the editor were excluded from the analysis. No journals were analyzed. Reports of empirical research, theory construction, and literature reviews.

Coding Procedures

Coding schemes were designed to detect straightforward indicators of emphasis on aging issues and later life family concerns. Separate coding procedures were developed for the journal articles and the conference proceedings.

Coding of journal articles. The primary variable of interest for each article was whether or not it included an explicit focus on older adults (defined chronologically as age 60+) as clients, identified patients, or research participants. The article was coded as having an
aging focus if there was a clearly identifiable attempt to bring to the attention of the reader the importance of older persons with regard to theory, clinical problems, and interventions. An article was coded as not having an aging focus if mention of older subjects or clients was absent, peripheral, or incidental.

Two coders read each article with the following questions in mind and evaluated the article as having an aging focus if one or both of the following questions could be answered in the affirmative: (a) Does the article point out to the reader the clinical/therapeutic value of considering the needs of older people? (b) Does the article make the reader aware of the specific needs and concerns of older people (either individually or in the context of family systems)?

In answering these questions, coders examined each article for the following information: (a) the inclusion of older adults in case studies and/or the samples from which data were collected and/or (b) a description of the clinical importance of older adults. For articles adopting a transgenerational approach, a yes code was given only if the main part of treatment involved the elder (that is, not only were three generations explored via a genogram, but older persons were considered an essential part of the treatment process). Furthermore, simply including older adults in case studies did not qualify an article as having an aging focus. If substituting another (younger) age for the subjects in the case study did not alter the commentary or key points emphasized, then the article was not coded as having an aging focus.

Of particular importance in the coding scheme was the summary/discussion/conclusion section of each article. If mention of older persons, their needs, or the clinical relevance of gerontological issues was excluded from this section, the article was almost invariably coded as not having an aging focus.

Reliability. Two coders analyzed each article. Interrater reliability was assessed by comparing the first coder's output against code sheets of the same articles completed by the second coder. Percentage of agreement was 94% or higher for all coding categories.

Coding of proceedings. All conference sessions for the 8-year period beginning in 1986 were coded (regular sessions = 1,598; plenary sessions = 29; master series sessions = 40). Coding simply meant specifying whether or not a session included an explicit focus on aging issues as indicated in the subject index accompanying each set of proceedings. If a session was listed under the "aging track" in the subject index, it was given a code of yes. Note that sessions listed in the subject index as having an aging focus are so designated by the presenter(s).

RESULTS

Journal Articles

Like Flori, we found no appreciable trend in the number of articles emphasizing aging and later life family issues. Of the 873 journal articles analyzed, only 28 (3.2%) contained an explicit emphasis on aging issues and later life family concerns. Four (including Flori's 1989 article) were published in the Journal of Marital and Family Therapy, 9 in Family Process, 13 in Family Systems Medicine, and 2 in the Journal of Family Psychology.

Table 1 presents the frequency and percentage distribution of these articles for the 8-year period. Two nonparametric statistics were employed in assessing trends in the number of aging-focused articles over the 8-year period of the study. The Mantel-Haenszel chi-square test was used for linear association between year of publication and the number of
Table 1
Distribution of Age-Focused Journal Articles: 1986-1993

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<td>30</td>
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<td>2</td>
<td>9</td>
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<td>5</td>
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<tr>
<td>% w/ aging focus</td>
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<td>4.9</td>
<td>1.8</td>
<td>8.3</td>
<td>.9</td>
<td>1.8</td>
<td>1.8</td>
<td>4.0</td>
<td>3.2</td>
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</table>

* Inaugural issue of *Journal of Family Psychology* was published in 1987.
age-focused articles published, and the eta statistic was used to discern whether or not there was a significant nonlinear association. Using SPSS, these tests were computed for each journal, as well as for the summary data for all journals combined. There was no significant trend (linear or nonlinear) in the number of gerontologically focused articles published during the 8-year period from 1986 to 1993.

**Articles with an Aging Focus**

With regard to the 28 articles with an emphasis on aging issues, responses to three additional questions were coded: What types of presenting problems are mentioned in connection with older adults? In what relational contexts are these problems mentioned? What types of family therapy theories are represented in the articles with a focus on later life family concerns?

**Presenting problems and relational contexts.** The most common types of presenting problems focused on adult child/older parent concerns, including problems with caregiving and parent/adult child conflict. Middle and young adults were most often indicated as the identified patient (IP). When an older adult was the IP, the concerns most often presented related to spousal caregiving. Depression of the older person was generally mentioned in relation to the context of caregiving. Multigenerational concerns were rarely mentioned in describing the presenting problem, nor were the issues of bereavement and grief cited. Surprisingly, suicide was rarely mentioned as a presenting problem for the elderly. When the grandparent/grandchild relationship was mentioned, it usually pertained to an adolescent rather than a younger child.

**Theoretical approaches.** A variety of theoretical approaches were utilized by the authors of the 28 aging-focused articles analyzed. Six marriage and family therapy theories were coded for their presence or absence in the literature (transgenerational, family life cycle, strategic, experiential, behavioral, and constructivism). Table 2 lists the frequencies with which each of the theories appeared in the articles. Transgenerational was the most commonly mentioned theory, followed by the family life cycle theory. Constructivism was the least frequently mentioned theory.

<table>
<thead>
<tr>
<th>Theoretical Approach</th>
<th>Frequency</th>
<th>%</th>
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<tbody>
<tr>
<td>Transgenerational</td>
<td>15</td>
<td>53.6</td>
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<tr>
<td>Family Life Cycle</td>
<td>9</td>
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<tr>
<td>Behavioral</td>
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<tr>
<td>Strategic</td>
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<td>14.3</td>
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<tr>
<td>Experiential</td>
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<td>10.7</td>
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<tr>
<td>Constructivism</td>
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<td>7.1</td>
</tr>
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</table>

*Each article could be coded as embracing more than one theoretical perspective.

That transgenerational theory was the most frequently mentioned theoretical approach
in the age-focused articles is not surprising given the implied presence of multiple genera-
tions for study and intervention.

*Conference Proceedings*

Only 37 (2.3%) of 1,598 regular conference sessions had an explicit aging focus. As can be seen from the data in Table 3, these were fairly evenly distributed across the 8-year time period beginning in 1986. Only 1 of the 29 plenary sessions and 1 of the 40 Master Series® sessions were coded as having an explicit aging focus.

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<td>Total Sessions</td>
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<td>205</td>
<td>208</td>
<td>211</td>
<td>193</td>
<td>195</td>
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<td>6</td>
<td>5</td>
<td>7</td>
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<td>%</td>
<td>1.6</td>
<td>2.0</td>
<td>1.9</td>
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<td>3.6</td>
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**CONCLUSION**

In an editorial prefacing a special issue on culture and family therapy, the editor of the *Journal of Marital and Family Therapy* called attention to the fact that a number of books had been published in the 1980s and early 1990s on themes related to family therapy in the context of ethnicity and culture (Sprengle, 1993). He noted also that a content analysis of the journal's articles revealed that relatively little had been published on these themes, hence the rationale for the special issue.

Similarly, we recognized a growing interest in aging among clinicians and wondered if this interest was reflected in an increased number of gerontologically focused articles published in the family therapy literature. After conducting a content analysis of journal articles and conference proceedings for an 8-year period spanning the late 1980s and early 1990s, what picture of gerontological issues emerged? Three findings merit summary mention in response to this question.

1. The primary finding was similar to that reported by Flori (1989): Gerontological content is sparsely represented in the family therapy literature examined (less than 4% of all journal articles/conference sessions). Used as a gauge of gerontological interest and awareness of late life issues, the implication of this finding is that the family therapy community is still engaged in “coming of age.”

2. The most common presenting problems involving older adults occurred in the context of adult child/older parent relationships (e.g., caregiving). Middle and young adults were usually cited as the identified patients, with older adults mentioned only in a peripheral way. In articles in which the older person was the identified patient, the presenting
problem was almost always in the relational context of spousal caregiving.

3. Generally, there was a lack of coverage of many of the concerns facing older adults in the clinical population. Although the 28 aging-focused articles were diverse in their presentation of problems (e.g., depression, infertility of adult children, loneliness, adult child divorce), there was a noticeable lack of many of the issues facing older adults. The transition to retirement, widowhood, sibling relationships in later life, sexual dysfunction, or long-lived marriages were not addressed in any of these articles.

Explanations for Paucity of Literature

The relative lack of aging issues may have been an artifact of the journals included in the study. Although the four journals represent key information sources for marriage and family therapists, perhaps the number of aging-focused articles is lower than for other family therapy journals (e.g., Journal of Family Counseling) or more gerontologically focused journals (e.g., Clinical Gerontologist). Alternatively, it may be that manuscripts on gerontological concerns in family therapy are being submitted to the journals analyzed but are not successfully meeting the standards of publication review.

Another explanation may be that current cohorts of older persons are reluctant to participate in marital or family therapy and, as a result, are not visible in marital and family therapy. Historically, the field of marriage and family therapy has focused on the problems of the young. This bias may affect the age composition of clientele and, subsequently, the interests of those who submit articles for publication.

Conclusion

Preil and Bernard (1993) have noted that despite mandated attention to ethnicity and culture in the curriculum of marriage and family therapy programs, there is little evidence in the training literature that ethnic and cultural issues have been incorporated into the training of marriage and family therapists. Since gerontological content is not mandated in MFT programs, there is even less reason to expect that the training of marriage and family therapists sensitizes them to age-related issues or even to their own aging. This, however, is supposition on our part. Research that surveys the curriculum of marriage and family therapy programs for gerontological content is needed.

Given the increasing number of older adults in our population, family therapy with the aged represents a challenging area of emphasis. Just as theory and research need to include female and minority perspectives of the family, they also need to include different perspectives predicated on age and generation. Pursuing this goal will do much to enhance the validity and generalizability of clinical studies. With Flori (1989), we encourage therapists to adopt a wide-angle perspective of systemic intervention that includes older generations involved in family systems.

REFERENCES


**NOTE**

Determining the chronological age of subjects, clients, and identified patients was important but often impossible to do. Many articles fail to report the ages of clients and subjects. In these instances, coders inferred ages and/or generational membership based on presenting problems, as well as the general context of the article.